FILED

DEC 07 2017

RESOLUTION 37, 2017

CITY CLERK

\$5,235.00

\$5,235.00

\$5,235.00

BE IT RESOLVED BY THE COMMON COUNCIL OF THE CITY OF TERRE HAUTE, INDIANA:

WHEREAS, There are insufficient funds in a certain account of the General Fund budget to meet current and anticipated expenditures within said Department, and;

Employer Group Health – IT

Group Health (City Council)

WHEREAS, There are surplus funds in another account of the same budget, said Accounts being within the appropriation heretofore made for the use of said Department.

BE IT THEREFORE RESOLVED: That the following transfers be made in the Accounts heretofore appropriated for the use of said Department:

FROM: #0101-0006-01-413.030

#0101-0004-01-413.030

TO:

TOTAL

Introduced by:	O. Caro Ellions	O. Earl Elliott, Councilma	an
Passed in open Coun	cil this 14 th day of	ecember	, 2017.
		Karrum Nasser, Pro	esident
ATTEST: Uu	Ob CHAWY	Charles P. Hanley	, City Clerk
Presented by me to the	ne Mayor this \	December	, 2017.
	Chilo Honly	Charles P. Hanley	, City Clerk
Approved by me, the	Mayor, this day of	f December	, 2017.
	Dle a	Duke A. Ben	nett, Mayor
ATTEST:	10PHank	Charles P. Hanley	, City Clerk

REQUEST FOR TRANSFER OF BUDGETED FUNDS

(For Approval by Mayor, Controller, and City Council)

This form is to be used when the requested transfer is between two major classifications.

DEPARTME	NT or FUND:		General Fund_	0101				
DATE:			12/6/17					
	Account #	Acc	ount Name			Amour	<u>nt</u>	
FROM:	06-01-413.03	<u>En</u>	nployer Group H	lealth - IT	-	\$	5,235,00	
TO:	04-01-413.03	<u>En</u>	nployer Group H	lealth - Cou	<u>ıncil</u>	\$	5,235.00	
FROM:						\$		
TO:						\$		
FROM:						\$		
TO:								
FROM:						\$		
TO:					ž i	\$		
		Tota	al Amount to B	e Transfer	red	\$	5,235.00	_
Department Head Approval: (Forward to Mayor) Date:			Pate:					
Mayoral Approval: (Forward to Controller) Signs		Signature		D	Pate:			
Controller App (Forward to th	proval: c Legal Depart	ment) Rich	CEIVEE	flis D	Date:		2/4/1	1
Received by Legal:		DEC 0 6 2017 Res			Lesolut	olution# 37		
		Date CIT	YLEGAL					

DEPARTMENT HEAD: Please attach a memorandum briefly detailing the need for this resolution. Such information should include the specific services or products you intend to purchase and the reason you have surplus funds in the specified accounts.